

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.**COUNSELORS AT LAW**

THE CLARK ADAMS BUILDING

105 WEST ADAMS STREET, SUITE 3600

CHICAGO, ILLINOIS 60603-6299

(312) 704-1890

RICHARD R. TREXLER (1906-1995)

RICHARD A. GIANGIORGI

RAIFORD A. BLACKSTONE, JR.

DAVID J. MARR

LINDA L. PALOMAR

JAMES R. FOLEY

JAMES A. O'MALLEY

TIMOTHY M. MCCARTHY

PAIGE A. KITZINGER

FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT
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FAX: (312) 704-8023

www.trexlaw.com

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FACSIMILE TRANSMISSIONTOTAL PAGES (Including Cover Page) 9 DATE: December 30, 2003**OFFICIAL**

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TO: Attn.: Examiner Michael M. Thompson FROM: Mr. James R. Foley, Reg. No. 39,979FAX NO: (703) 872-9302FAX NO: (312) 704-8023*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.***ORIGINAL COPY AND ENCLOSURES** WILL BE SENT BY MAIL COURIER ✓ WILL NOT BE SENT**NOTES:** Inventor: Richard M. Davis et al.

For: ACTUATING MECHANISM

FOR FLUID DISPLACEMENT

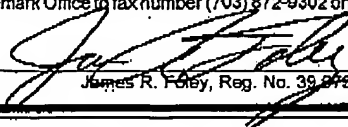
AND PRESSURIZING DEVICE

Serial No.: 10/045,392

Filed: November 9, 2001

Art Unit: 3763

Attorney Ref.: 285/39093A/395A

CERTIFICATION OF FACSIMILE TRANSMISSIONI hereby certify that this paper is being facsimile transmitted to the Patent
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James R. Foley, Reg. No. 39,979**IMPORTANT NOTICE**

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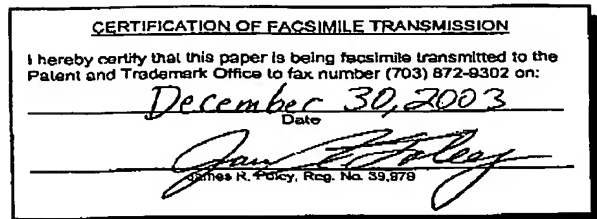
FORM PTO-1083

Case Docket No. 285/39093A/395A

In re application of: Richard M. Davis et al.

Serial No.: 10/045,392

Filed: November 9, 2001

For: **ACTUATING MECHANISM FOR FLUID
DISPLACEMENT AND PRESSURIZING DEVICE**MAIL STOP: RESPONSE
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Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to the Office Action mailed October 6, 2003.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No Previously Paid for	Present Extra
TOTAL	* 13	MINUS	** 20	0
INDEP.	* 1	MINUS	*** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addl. Fee
x 9 =	\$.00
x 43 =	\$.00
+ 135 =	\$.00
TOTAL ADDIT. FEE	\$ 324.00

OTHER THAN A SMALL ENTITY	
Rate	Addl. Fee
x 18 =	\$.00
x 86 =	\$.00
+ 280 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____ to cover the fee for extra claims.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of _____ to cover the filing fee is also enclosed.

☒ The Commissioner is hereby authorized to charge any insufficient payment associated with this communication or credit any overpayment to Deposit Account No. 20-1495.

☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17

Dated: December 30, 2003

Richard A. Giangiorgi Reg. No. 24,284
James R. Foley Reg. No. 39,979
 Attorneys of Record

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